8/7/2020

Division of Corporations

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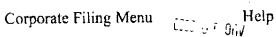
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 6050002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Agree Central, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (I) name analystable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Lituated Lisbility Company," "L. L. C." or "LLC.") Delaware (Jurisdiction under the law of which foreign limited trability company is organized) (Date first immacred business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 70 E. Long Lake Road 70 E. Long Lake Road 5. (Street Address of Principal Office) (Mailing Address) Bloomfield Hills, MI 48304 Bloomfield Hills, MI 48304 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C.T. Corporation System. Name: 1200 South Pine Island Road Office Address: Plantation (Cuy) F,.3 Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Stephanie Hencz Assistant Secretary

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
⊡Manager	Name: Agree Limited Partnership	<sup>1</sup> Manager	Name: Katherine L. Hammers
☑ Member	Address:	⊒Member	Address: Honigman LLP
☐ Authorized	Bloomfield Hills, MI 48304	Authorized	39400 Woodward Ave., Suite 101
Person		Person	Bloomfield Hills, MI 48304
□ Other	□Other	_Onher	Other
□Manager	Name:	∏Manager	Name:
⊡Member	Address:	□Member	Address:
☐Authorized		Authorized	
Person		Person	
□ Other	Other	_Other	Other
<u>□</u> Manager	Name:	Manager	Name:
□Member	Address:	□Member	Address:
☐ Authorized		⊡Authorized	
Person		Person	
□:Other	□Other	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form,

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

Katherine L. Hammers
Signature of an authorized person
Katherine L. Hammers, Authorized Person

## Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AGREE CENTRAL, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FOURTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 203401278

Date: 08-04-20